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<i>DB=USPT,PGPB,JPAB,EPAB,DWPI,TDBD; PLUR=YES; OP=OR</i>			
<u>L4</u>	Q adj fever adj vaccine\$	3	<u>L4</u>
<i>DB=USPT,PGPB,JPAB,EPAB,DWPI; PLUR=YES; OP=OR</i>			
<u>L3</u>	Q adj VAX	0	<u>L3</u>
<u>L2</u>	Q VAX	416563	<u>L2</u>
<u>L1</u>	QVAX	1	<u>L1</u>

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Terms	Documents
Q adj fever adj vaccine\$	3

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2/3,AB/1 (Item 1 from file: 15)

01573904 02-24893

A review of Q fever in Australia 1991-1994

Garner, Michael G; Longbottom, Helen M; Cannon, Robert M; Plant, Aileen J

Australian & New Zealand Journal of Public Health v21n7 pp: 722-730

Dec 1997

ISSN: 1326-0200 Journal Code: AUP

Word Count: 5231

Abstract:

Q fever continues to be an important disease in Australia. Despite development of an effective vaccine that has been commercially available since 1989, the number of cases notified has continued to increase. This study reviewed national notifications of Q fever between 1991 and 1994 together with demographic, socioeconomic and occupational information to investigate temporal and spatial disease patterns. Based on notification data, Q fever can be considered primarily a disease of adult males and occurs in eastern Australia. A significant association between Q fever and the activity of areas and the presence of livestock was found. A strong association with the meat industry was also confirmed.

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2/3,AB/3 (Item 1 from file: 73)

10861637 EMBASE No: 2000343403

Guinea pig abscess hypersensitivity model for study of adverse vaccination reactions induced by use of Q fever vaccines

Wilhelmsen C.L.; Waag D.M.

D.M. Waag, Pathogenesis and Immunology Branch, Bacteriology Division, US Army Med. Res. Inst. Infect. Dis., Frederick, MD United States

Comparative Medicine (COMP. MED.) (United States) 2000 , 50/4 (374-378)

CODEN: COMEF ISSN: 0023-6764

Document Type: Journal ; Article

Language: ENGLISH Summary Language: ENGLISH

Number Of References: 12

Background and Purpose: The *Coxiella burnetii* phase-I cellular vaccine is efficacious in humans, imparting nearly complete protection against Q fever. However, this vaccine can also induce sterile abscesses and granulomas at the inoculation site in humans previously sensitized by natural infection or vaccination. To decrease the possibility of vaccinating immune persons, vaccinees are currently screened by skin testing to detect pre-existing Q fever immunity. We developed a model of abscess hypersensitivity in Hartley guinea pigs to assess the likelihood that Q fever vaccines would induce adverse vaccination reactions in previously sensitized individuals.

Methods: Guinea pigs (4 to 6/group) were sensitized to *C. burnetii* by immunization and aerosol challenge, or by intraperitoneal inoculation. Eight weeks later, animals were then vaccinated SC with a Q fever cellular (WCI) or chloroform:methanol residue (CMR) vaccine. Development of adverse reactions at the vaccination site was assessed histologically and by observation of increases in erythema and/or induration.

Results: The WCI vaccine caused greater magnitude and duration of erythema and induration at the vaccination sites than did the CMR vaccine. In addition, non-immune guinea pigs developed induration when given WCI, but not CMR vaccine. **Conclusions:** The CMR vaccine may prove a safe alternative to WCI vaccines for use in individuals unscreened for prior immunity to *C. burnetii*.

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2/3,AB/5 (Item 1 from file: 155)

10819815 20371668 PMID: 10914459

Vaccination of cattl work rs at risk of Q f v r on th north coast of New South Wales.

Hutson B; Deaker R A; Newland J

Q Fever Project, Mid North Coast Division of General Practice, New South Wales.

Australian family physician (AUSTRALIA) Jul 2000 , 29 (7) p708-9 , ISSN 0300-8495 Journal Code: 0326701

Document type: Journal Article

Journal Announcement: ENGLISH

Main Citation Owner: NLM

R cord type: Completed

BACKGROUND: Q fever is the most common zoonotic disease of livestock handlers and abattoir workers in rural Australia. **AIM:** This study aimed to measure the rate of pre-existing immunity to Q fever among cattle or saleyard workers on the north coast of New South Wales (NSW). **METHOD:** Participants were screened for complement fixation (CF) antibodies and returned one week later for results when a dose of Q fever vaccine was given if serum and skin tests were negative. **RESULTS:** Over a 24 week period 1417 persons were tested. Of these, 394 had positive CF antibodies, a positive skin test or both; 987 were vaccinated with Qvax; 3.1% were lost to follow up. **DISCUSSION:** Over 27% of cattle workers had pre-existing immunity to Q fever, indicating this population is at significant risk of infection. General practitioners working in high risk communities should routinely test and vaccinate patients at risk of Q fever.

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